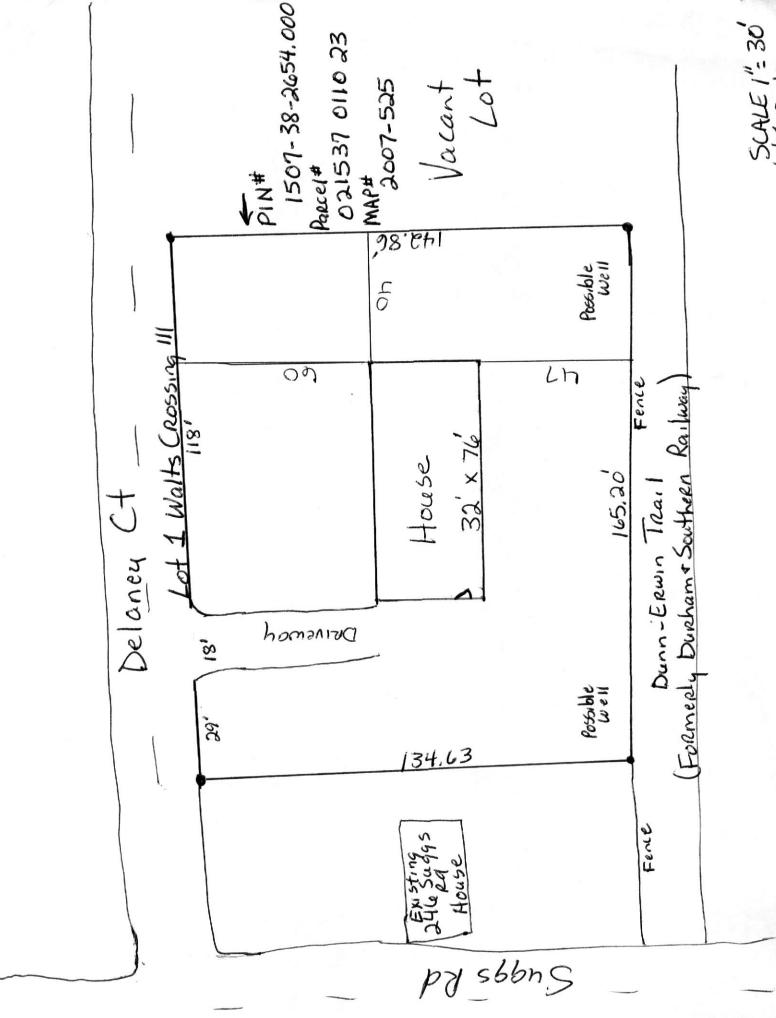
Application # 14 500 3590 4
Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits  Zening
Application for Existing Septic Tank in a Mobile Home Park
Applicant Name: <u>James A. Peterkin</u> Date: <u>06-06-2014</u> Address: <u>POBOX 826 Coats, NC 37521</u> Telephone: <u>919 7405030</u>
Telephone:
Property Owner: James A. Peterkin Phone: 9197405030
Name of Park: Walto Change 111 Lot Number:
Parcel: 021537-0110 23 PIN: 1507-38-2654,000
SW $\sqrt{DW}$ TW (Size $\frac{32}{x}$ $\sqrt{9}$ ) # Bedrooms $\frac{4}{y}$ Year $\frac{2014}{y}$
Power Company: CUK ENURGY (For Progress Energy we need the premise number.)
Tower company. The case of the premise named the
Specific Directions to Job from Lillington:
Hwy 421 towards Dunn to Red Hill Church Rd-leston
Red Hill Church - Red Hill to Suggs Rd left on
Suggs Rd to Delaney Ct Right on Delaney 2nd lot on Right.
There is a \$100.00 charge for this service. This certification is subject to revocation if the intended use of the septic system changes, or if false information is provided on this application.
You signature below certifies that all above information is correct.
Signature of owner or authorized agent:
DO NOT SIGN BELOW - FOR OFFICE USE ONLY
Authorization of Existing System
Signature of Environmental Health Specialist Date



SCALE 1"= 30,

NAME: James A. Peterkin

A DDI TOATTONI H.	
APPLICATION #:_	

	*This application to be filled out when applying for a septic system inspection.*	
Cou	unty Health Department Application for Improvement Permit and/or Authorization to Constr	uct
IF THE I	INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEME	NT
<b>PERMIT</b>	Γ OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without exp	ration
dependin	ng upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)	
/	910-893-7525 option 1 CONFIRMATION #	
En	vironmental Health New Septic System Code 800	
•	All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property irons must be made visible.	operty
	lines must be clearly flagged approximately every 50 feet between corners.	
•	Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages,	decks,
	out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.	
•	Place orange Environmental Health card in location that is easily viewed from road to assist in locating prop	erty.
•	If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the	ne soil

- evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property. All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred
- for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready. After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

#### Environmental Health Existing Tank Inspections Code 800

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Follow above instructions for placing flags and card on property.

confirmation number given at end of recording for proof of request.

- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK
- After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.

	e Click2Gov	or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC		
If applying	for authorization	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{_}} Acce	pted	{}} Innovative {∑} Conventional {} Any
{}} Alter	native	{}} Other
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	{ <b>X</b> } NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{ <b>≥</b> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
<b>₩</b> }YES	{} NO	Does or will the building contain any drains? Please explain. Bath Kitchen Drains
{}}YES	$\{ \succeq \}$ NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	⟨ <b>X</b> } NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	<b>⟨</b> X} NO	Is the site subject to approval by any other Public Agency?
{}}YES	{ <b>≭</b> } NO	Are there any Easements or Right of Ways on this property?
{}}YES	{ <b>≥</b> } NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Read	This Application	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officia	ls Are Granted	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
I Understan	d That I Am So	lely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making

10/10

## **Harnett County Department of Public Health**

### **Well Construction Permit Application**

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become <u>invalid</u>.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a will can be properly constructed according to the permit.

Property Owner's Legal Representative Signature Required

Date



# Town of Erwin Zoning Application & Permit

Permit #

Rev Jan2013

Planning & Inspections Department

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

	manigs, parking and loading	ing areas, access urive	es and front, rear, and side yard
dimensions.	- 1 A / -		
Name of Applicant Jam	es A. Peterkin	Property Owner	
	spen Ridge Dr	Home Address	CAME
City, State, Zip   Holly	1 Springs, NC 27540	City, State, Zip	SMINE
Telephone 919	1405030	Telephone	
Email jape	topkin a embagailion	Email	
Address of Proposed Property		+ Dunn NO	28334
Parcel Identification Number(s	(PIN) 1507-38-26	54.000 Estimat	red Project Cost 110,000
What is the applicant requesting	g to build / what is		
the proposed use of the subject	property? Be specific.		nobile Home
Description of any proposed impro	ovements Setup 1	MH - 32'X !	76 (2,432 SF)
to the building or property			
What was the Previous Use of t			racant
Does the Property Access DOT		Yes	
Number of dwelling / structure	s on the property already	NONE	
Property / Parcel Size		153 acre	2.05
MUST circle one that applies to pr	operty Existing Proposed	Septic System	Or
	Existing/Proposed	County/City Sewer	
	Owner/Applicant M		
The undersigned property owner, o	r duly authorized agent/repre	sentative thereof certifi	ies that this application and the forgoing
			nd correct to the best of their knowledge
			d may result in the revocation of this
			all applicable town ordinances, zoning
The undersigning party authorizes t	be Town of Erwin to roview th	such work and to the	specifications of plans herein submitted. et a site inspection to ensure compliance
to this application as approved.	the fowli of Elwin to leview ti	ins request and conduc	a site inspection to ensure compitance
1 1 1	N 10/	714	
James A. Peterkin	1 177	VCC	061014
Print Name	Signature of Owner or	r Representative	Date
For Office Use	V		
Zoning District R-D	Existing Nonconformin Uses or Features	g	
Front Yard Setback 46	Other Permits Required	Conditional Us	se Building _Fire Marshal _Other
Side Yard Setback 121	Zoning Permit Status	Approved	Denied
Rear Yard Setback 46	Fee Paid: \$50	Date Paid: 6-10-2	Staff Initials: 3D
Comments	. //		Hacked (was 56 Delaney O
but Now 70	Delaney Ct per E	:911) -MHP	er siteplan
Signature of Town Representative:	Kathy KBly	be Date Ap	proved Denied: 6-10-2014
ZP-2014-0	735 T		63 13 ~
			MILE,
		102 Tac	
		(NPD)	

JUN 1 0 2014

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

#### Application for Manufactured Home Set-Up Permit

(Please fill out each part completely)

Part I –Owner Information:  Home Owner Information (To be completed by owner of the manufactured home)
Name: James A. Peterkin Address: 70 Delaney Ct
City: <u>Dunn</u> State: <u>NC</u> Zip: <u>28334</u> Daytime Phone: ( )919 740 50 30
Landowner Information (To be completed by landowner, if different than above)
Name: Address:
City: State: Zip: Daytime Phone: ( )
Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.  Name, address, & phone must match information on license)  A. Set-Up Contractor Company Name: Norman's Installation Co Inc  Phone: 919 738 1939 Address: 1066 Ginn Rd  City: Snow Hill State: NC Zip: 28580  State Lic# 3413 Email:  B. Electrical Contractor Company Name: J. D. Capps Electric Service
Phone: 919 524 1393 Address: 202 Mill Run  City: Golds boro State: NC Zip: 27534  State Lic#_13444-L Email:  C. Mechanical Contractor Company Name: Right Temp Inc  Phone: 252 560 0825 Address: 400 Glenwood Ave Ste 14  City: Kinston State: NC Zip: 28501
State Lic# 16045 Email:  D. Plumbing Contractor Company Name: C + M Plumbing Inc  Phone: 919 738 (2005) Address: 5427 US 117 South Alternate  City: Mt. Olive State: NC Zip: 28365  State Lic# 19887 Email:
Part III – Manufactured Home Information
Model Year: 2014 Size: 76x 30 Complete & follow zoning criteria sheet
Park Name:Lot Number:
I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

\*Effective Uuly 1, 2004, a County <u>Tax Department Moving Permit</u> must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

04/11

Signature of Home Owner or Agent





#### OFFERINGONITIES ABYT COASALIEBEND FOR SON HOMES

AS OF: OCTOBER 22, 2001

DEALER:

SUMMIT HOMES OF NORTH CAROLINA, INC.

D/B/A EAGLE HOMES 3600 US 70 HWY EAST SMITHFIELD, NC 27577

NC MANUFACTURED HOUSING DEALER LICENSE #5691

OFFICE PHONE: (919) 202-0400

FAX: (919) 202-0495

SET-UP CONTRACTOR:

NORMAN'S INSTALLATION CO., INC.

THOMAS L. NORMAN, PRESIDENT

1066 GINN ROAD Snow HILL, NC 28580

NC SET-UP CONTRACTORS LICENSE #3413

Home Phone: (252) 747-4752 CELL PHONE:

(919) 738-1939

FAX: (252) 747-8630

C & M PLUMBING, INC.

MICHAEL SPURGEON, OWNER 5427 US 117 SOUTH ALTERNATE

MT OLIVE, NC 28365

NC PLUMBERS LICENSE #19887

OFFICE PHONE: (919) 658-6109

FAX:

(919)658-6108

CELL PHONE:

(919) 919-738-6005 (MICHAEL)

ELECTRICAL CONTRACTOR:

PLUMBING CONTRACTOR:

J. D. CAPPS ELECTRIC SERVICE

J.D. CAPPS OWNER 202 MILL RUN

GOLDSBORO, NC 27534

NC ELECTRICAL LICENSE #13444-L

CELL:

HOME PHONE: (919) 751-8479 (919) 524-1393

Fax: (919)751-8479

MECHANICAL CONTRACTOR:

RIGHT TEMP., INC.

DENNIS HARRISON & CHUCK POTTER OWNERS

400 GLENWOOD AVE.

KINSTON CLINIC SOUTH, SUITE A / 4

KINSTON, NC 28501

NC HEATING & AC LICENSE #16045 NC ELECTRICAL LICENSE #4893-L

OFFICE PHONE: (252) 523-6469

FAX: (252) 523-6471

HOME PHONE:

(252) 566-5116 CELL: (252)560-0825 - DENNIS HARRISON

CELL: (252)560-4884 - CHUCK POTTER

SUMMIT HOMES OF NORTH CAROLINA, INC. D/B/A EAGLE HOMES 3600 US 70 HWY EAST SMITHFIELD, NC 27577 PHONE: (919) 202-0400 FAX: (919) 202-0495

Www.shopeaglehomes.com

SUMMIT HOMES OF NC, INC.
D/B/A EAGLE HOMES
3600 US 70 Highway E
Smithfield, North Carolina 27577
(919) 202-0400 • Fax: (919) 202-0495

JAMES 4. PETERK	IN				(919) 740	-5030 (919) 740	-5030	MAY	19, 2014
ADDRESS SUGGS RO				ERW	N.	STATE 28339		EMAIL Shambar	gmail.com
DOLOGS RU	JAU			CITY		STATE ZP			
SAME								137°FE	
THIS UNIT IS NEW		MAKE		MODEL		STOCK NUMBER		ERIAL NUM	
YEAR OF OWNERS	BATAS	CAVALIER FLOOR SIZE	HITCH SIZE	38 30'X76' 228	MISICE, FT.	N/A KEY NUMB		AL SOLD	ORDER ON
	3	76 w 30 L	80 w 32		BLACK	N/A		100	GREED
LOCATION	R-VALUE	THICKNESS		NSULATION	I	BASE PRICE O	ELINIT	MODELLA PRINCIPALISMO	106.138.09
CEILING	R-33	9 5"		OWN	OPTIONIAL	EQUIPMENT	Com		4.500.00
EXTERIOR	R-11	3.5"		RGLASS	C) Troving	C. S. Carr. Part. 14			1,000.00
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WELL ALLOWANCE	NOT TO WX	CEED (\$2000)		2,000.00		as a part of this Ag			
					above the	e signatures. Bu	yer is pu	rchasing	g the above
THIS IS AN ENERG	Y CERTIFIE	D HOME"			described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary				
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HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

.-----Application Number . . . . 14-50033904 Date 7/07/14

Subdivision Name . . . . . . . . Property Zoning . . . . . . ERWIN

Owner Contractor

PETERKIN JAMES A NORMANS INSTALLATION CO INC

70 DELANEY COURT 1066 GINN ROAD

NC 28334 DUNN SNOW HILL NC 28580

(919) 738-1939

\_\_\_\_\_\_\_

Applicant

-----

PETERKIN JAMES PO BOX 826

COATS NC 27521

(919) 740-5030

Structure Information 000 000 32X76 4BDR DWMH

Flood Zone . . . . . . FLOOD ZONE X

Other struct info . . . . # BEDROOMS 4000000.00 2014.00

MOBILE HOME YEAR PROPOSED USE DWMH

SEPTIC - EXISTING? NEW TANK WATER SUPPLY

Permit . . . . . MANUFACTURED HOME PERMIT

Additional desc . .

Phone Access Code . 1043256

Issue Date . . . . 7/07/14 Valuation . . . . Expiration Date . . . 7/07/15

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Special Notes and Comments

T/S: 06/10/2014 10:05 AM JBROCK ----ERWIN ZONING - RED HILL TO SUGGS RD L ON SUGGS TO DELANEY CT R ON DELANEY 2ND LOT ON R PREMISE # 03930664

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

Page 2
Application Number . . . . . 14-50033904

Page 7/07/14

Property Address . . . . . 70 DELANEY CT

Subdivision Name . . . . .

Property Zoning . . . . . . ERWIN

Permit . . . . . MANUFACTURED HOME PERMIT

Additional desc . .

Phone Access Code . 1043256

\_\_\_\_\_

#### Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
1.0					, ,
10	501	T501	R*MOBILE HOME FOUND./ M. WALL		_/_/
20	814	A814	ADDRESS CONFIRMATION		/ /
30	507	T507	R*MANUFACTURED HOME FINAL		_/_/_
999		H824	ENVIR. OPERATIONS PERMIT		
999		H828	ENVIRO. WELL PERMIT		//